V. S. No. 1

infor-	state	UPA-	1
m of	plnod	220	
ite	302	jo	1
RD. Every	YSICIANS	statement	1
RECO	Y. PH	Exact	
RMANENT	XACTL	classified.	
IS A PE	stated E	properly	certificate
HIS	be	pe	Jo
. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
B.—WRITE PL.	mation should	CAUSE OF I	TION is very
	100	1	10.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12590
1. PLACE OF DEATH	93-0
County Wilomiles	Registration Dist. No. 333
Village or City Salisting Maryland	IN t /a . l . l
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town white death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas adams	
(a) Residence: Notest Ratillant. Saluty	7 St., 9 Ward.
(Usual place of abode) Mg	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DINORCED (write the word)	21. DATE OF DEATH DIE 30 12
Male Mule alsore	(Month) (Day) (Year)
5a. If married, widowed, or divorced allie Masoza adams	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Curoce	NO DA in Attendance 19
6. DATE OF BIRTH (month, day, and year) Dec. 2-1853	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 . 4.1 m.
80 9 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_ 8. Trade, profession, or particular	were as follows: Town Dead in Rome. Date of onset
kind of work done, as SPINNER, Returned Office SAWYER, BOOKKEEPER, etc.	Chronic Markardites
9 industry or business in which work was done, as SILK MILL Polaries SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	Known to have suffered from
this occupation (mopt) and 1921 spant in this 44	- hear Desare for sweet years
year) Man occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Mayland,	¢
13. NAME Samuel adam	
14. BIRTHPLACE (city or town) Marion Station	Namo of operation Date of
(State or country) Manyland.	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Mary 1 Ham	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) & Marion Station	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mayland,	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Harry S. Gallams 111	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 307. W. Phile are Saluty	MJ
18. BURIAL CHEMATION, OR REMOVAL MC Sun 1, 11/34	Manner of injury
Me fleet lem Male for 1910	Nature of injury
19. UNDERTAKER Italiquay + Co.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salistry Maryland	If so, specify
20. FILED Dec 30,19 \$3 &. May Junes	(Signed) M. D.
Registrar.	(Address County Sugrafiae
If more blanks are needed, address State Registrar, a	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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WITH UNFADING INK-THIS IS A PERMANENT RECORD. ARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY. PHYSICIANS should state

Every item of infor-

of OCCUPA-

Exact statement

properly classified.

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied. PLAINLY,

B.-WRITE

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH					2591
County Miann	S			Registration Dist. No.	333
Village or City Sulis	hum	-/		No. P.G. Hospital St.	13 Ward
/ Length of residence In city or	town where do	ath convered	11/1	death occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in U.S. if of foreign birth?	
State bound	TOWN WHERE DA	eath occorred		as. How long in v.s. ii of foreign biftin:	Sus.
2 FULL NAME	nnan	LO	A STATE		
(a) Residence: No. XX	orcer	(Usual place o	f abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND	TATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF		5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH  (Month) (Qay)	193_3 (Year)
5a. If married, widowed, or divorced HUSBANO of		0		22. I HEREBY CERTIFY, That I attended of	toooood from
(or) WIFE of				Der 4 ,1933, to Der 4	193
6. DATE OF BIRTH (month, day, and	vear) /	4,1433		new	; death is said
7. AGE Years	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at. 1, 15Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows;	Oate of onset
8. Trade, profession, or particu kind of work done, as S	PINNER.	/		full tom	
SAWYER, BOOKKEEPER,	rh -				
kind of work done, as SI SAWYER, BOOKKEEPER, S. Industry or business in white work was done, as SILK SAW MILL, BANK, etc O 10. Date deceased last worked	MILL,				
- I this occupation (months a	at /	11. Total tin	ne (years) Hin this		
year)	1	Occup	oation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Sahola	rayland	7	) tyderockefikales	
(State or country)	+ ^	- angiano		7,4000	
13. NAME Cose 13. 14. BIRTHPLACE (city or town).	de le	fres.		A finder	
14. BIRTHPLACE (city or town) (State or country)	Ming	Morcarl	w.ca.	Name of operation Oate of	
	(	3		What test confirmed diagnosis? Was there an at	
2	1.01	Truca.		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) _  (State or country)	700	realer (	٥.,	Accident, suicide, or homicide? Oate of injury	, 19
17. INFORMANT Joseph (Address) Worker	le Sex	to agree	Y.	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMO	VAL 1	1 1	11 00	Manner of Injury	
Places your Su	C Ma	- Date Dec	7.,19.32	Nature of injury	
19. UNOERTAKER Chase (Addless)	all	sirne	el.	24. Was disease or injury in any way related to occupation of deceased?	10
20. FILEO Dee 4, 193	33 (	Je Trea	y June Registrar.	(Signed) Julian mil	M. O.
	10	lamba ana mada d			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ļi.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		₹	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
BINDING	ERMANEN	EXACTI	y classified.	te.
FOR	SISAF	e stated	e properl	f certifica
ARGIN RENERVED FOR BINDING	UNFADING INK-THIS	upplied. AGE should be	terms, so that it may be	e instructions on back of
	3.—WRITE PLANLY, WITH	mation should be carefully s	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.
V. 5. 100, 1	ż		(-	7

County ZUL LEGO	Registration Dist. No. 33	1.
Village or City Manufice &	No. St.	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and n	umber)
L'alla M	osds. How long in U.S.If of foreign birth?yrsmo	sds.
2. FULL NAME	and the second s	
(a) Residence: No. (Usual place of abode)	Z. St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)  a. If married, widowod, or divorced	21. DATE OF DEATH (Month) (Day)	, 193 <u>?</u> (Year)
HUSBANO of (or) WIFE of Sengle	22. I HEREBY CERTIFY That sattended of	deceased from
DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19	; death is sale
AGE Years Months Days If LESS than I day,hrs ormln.		
8 Trade profession or particular	were as follows:	Date of ensei
kind of work done, as SPINNER, SAWYER, BOOKKEPFR, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Bulmonery Julierlilo	2m
this occupation (month and spant in this year) spant in this occupation 224		
2. BIRTHPLACE (city or town) Marking (State or country)	Other Caatribatory Causes of importance:	
14. BIRTHPLACE (city or town) Manticipal		
(State of country)	Name of operation Date of What test confirmed diagnosis? Was there an at	
15. MAIOEN NAME AT LOTES & MUSICIO	23. If death was due to external causes (VIOLENCE) fill in also the following:	The state of
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
7. INFORMANT Caleb Bouchy	Where did injury occur?	CE.
(Address)  B. BURIAL, CREMATION, OR REMOVAL		
Place Hanberger Date Der 11, 19.3	Manner of injury	
O. UNDERTAKER MALE CASTES & Some (Address)	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	
10-11- 121/11/11/11	(Signed)	M. (
D. FILED ADEC: 10, 1933 U.S. M. M. Molford Malle Registrar.	(Address) Pounty Beautier	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1259;
1. PLACE OF DEATH	CA.
County Miconices	Registration Dist. No. 333
Village or City Salishung and.	No201, arch St. 13 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance In city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME UNILL 13. Stop	0/1);
(a) Residence: No. 201 Auch of Salustry (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tunal White OR DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced Argan Bloomful &	
(or) WIFE of	22. HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year March 18, 1851	I last saw her alive on Alec 2/ 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12
82 9 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER.	Meat Informatial Date of consol
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	mant, July
work was done, as SILK MILL, SAW MILL, BANK, etc	- france
10. Data daceased last worked at this occupation (month and spear) in this occupation occupation.	
12. BIRTHPLACE (city or town) JWC. Virun 118.	Other Contributory Causes of importance:
(State or country)	
13. NAME Thomas Property	1
(State or country)	Nama of operation Date of
15. MAIDEN NAME annie Penton	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Mrt. Nefron	23. If death was due to external causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide?
(Stata or country) Manhand	Where did injury occur?
17. INFORMANT 90. Causing 17. (Address) Edun mel 870, #2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Collins Cem. Date Oct 23, 1933	Natura of injury
19. UNDERTAKER Holloway + C.	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Salutary Maryland	If so, specify
20. FILED DEC 23, 19 \$ 3 VM ay June	(Signed) M. D.
Registrar.	(Address) Latting maj

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR EUDTHER STATEMENTS BY DUVSICIAN

ADDITIONAL DI ACE	TOR TORINGRED	IMIEMENTS BITE	IIBICIAN

should state of OCCUPA.

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

m

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 12594
1. PLACE OF DEATH		(186-20)
County Mierra		Registration Dist. No. 333
Village or City Sultable		NO. 1. Hopeful St. 13 Ward
	A Committee of the comm	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wille /	Sypol ,	-,0
(a) Residence; No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
trumbe Wate	man	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Johnson John L		22. I HEREBY CERTIFY, That I attended deceased from
PATE OF PUREL AND AREA	10 TH	I last saw h alive on 2
7. AGE . Years Months	Days If LESS than	to heve occurred on the dete stated above, at
79 true maker	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Martin	Classo - Car comment of fermin
o Industry or business in which		While turning in led, grottined diseased
work was done, as SILK MILL, SAW MILL, BANK, etc.	<i></i>	Genut, Ower.
	11. Total time (yeers) spant in this	germa o savada
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - Ela	wen	Partistorned fraction head
(State or country)		of feline tells in Redrooms and Justained
13. NAME Enline		a partial practice of Genur.
14. BIRTHPLACE (city or town) Justimer	~	Name of operation Dete of
(State of country)		What test confirmed diagnosis X-Tay & Channal Wes there an autopsy?
15. MAIDEN NAME Laboration 16. BIRTHPLACE (city or town)		23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) exclus	w	Accident, suicide, or homicide?
∑ (State or country)		Where did injury occur?
17. INFORMANT Clarites Dans	an	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Scales	nd Dil	
18. BURIAL, CREMATION OR REMOVAL	Dep. 17 20	Menner of injury
Place Selfora, Deli D	ete 701, 1933	Nature of injury
19. UNDERTAKER MOL Wats	mest House	24. Was disease or injury in any wey related to occupation of deceesed?
(Address)	Del.	If so, specify
20, FILED Dec 9 1533 Q.	may June	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) .....

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-BINDING FOR ARGIN RESERVED

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

V. S. No. 1

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STATE	OF MARYLAND-CERTIFICATE OF DEATH	
DEATH	SEICE OF DE	

1. PLACE OF DEATH	MACE OF DE	12595
County Micanica	J	Registration Dist. No. 33
Village or City Susand	color Dily	No. St., Ward
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Raym	-0.00 B	0~.
101	To the second	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  /
5a. If married, widowad, or divorcad HUSBAND of	r ex minusper in and	
(or) WIFE of	3. 1 1	22.   HEREBY CERTIFY, That I attended deceased from 1933, to /2 - 2 0 193
6. DATE OF BIRTH (month, day, and year)	Gle 17, 1933	I last saw h alive on / 2 - 2 0, 19 3 ; death is said
7. AGE Years Months	The Days Views If LESS than	to have occurred on the date stated above, at
3	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	s the police in the	Meningeles
SAWYER, BOOKKEEPER, etc.	and the same of th	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	west was a manual st	Meningoloccia
U   10. Date deceased last worked at	431. Total time (years)	
this occupation (month and year)	spant in this . :	
12. BIRTHPLACE (city or town)	ilaen -	Other Contributory Causes of Importance:
(State or country)	mid a mill	
II 13. NAME Pan mor	in Placko	
14. BIRTHPLACE (city or town)	autres 1.	Name of operation Date of
(Stata or country)	i. mil.	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME & Cosale	In Campbell	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME & Coafe	antred.	Accident, suicide, or homicide? Date of injury, 19
Stata or country)	In Karter San Mill	Where did injury occur?
17. INFORMANT (Cas) mon (Address)	a Clark	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	The American N. CIR N.	Manner of injury
Place Guarloso	Dates 160 20, 1933	Nature of injury
19. UNDERTAKER Augustons (Address) Snau	Marky	24. Was diseasa or injury in any way related to occupation of deceased?
(Audress) Small	Ledi Truy	If so, specify
20. FILED LI W. 19.33 17.M	Registrar.	(Signed) (Address) Mantisoke m
	Registrar.	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUERAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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19. UNDERTAKER (Addrass)

18. BURIAL, CREMATION, OR REMOVAL

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#### 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred mos. 21 ds. How long in U.S. If of foreign birth?\_\_\_\_\_ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) marriad, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months If LESS than to have occurred on the date stated above, Days I day, .... hrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importanca .....min. 8. Trade, profassion, or particular NO kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which OCCUPA work was done, as SILK MILL, SAW MILL, BANK, atc.\_\_\_\_ 10. Data deceased last worked at 11. Totel time (yaars) -spant in this this occupation (month and occupation .... Other Contributory Causes of 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?\_== MOTHER 15. MAIDEN NAME 23. If daath wes due to axternal causes (VIOL ENCE) fill in also tha following: Accident, suicida, or homicide? 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur?\_= (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT

Date ...

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Date of onset

Was there en autopsy?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baffimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Nature of injury.

If so, specify

(Signad)

24. Was diseasa or injury in eny way ralatad to occupation of dacaased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. 3.	<b>b</b>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
STATE	OF	MARYLAND—CERTIFICATE	OF	DEAT

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1.	PLACE OF DEATH	_		93-2	
	County Allerming			Registration Dist. No.	336
	Village or City Lelman			Ala a	
			(Ii	death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in city or town where de	ath occurred	_yrsmos	ds. How long in U.S. if of foreign birth?yrsm	iosds.
2.	FULL NAME Sallie	ann s	dollin		
	(a) Residence: No. 2000	na		St Ward.	
		(Usual place of a		If nonresideol give city or lown and	State
	PERSONAL AND STATISTIC	CAL PARTICL	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SI	4. COLOR OR RACE	5. SINGLE, MARRIEI OR DIVORCED (12	D, WIDOWED,	21. DATE OF DEATH	
fe	male white	marrie		Dec 28	, f93LF
5e. I	f married, widowed, or divorced HUSBAND of			(Month) (Day)	(Year)
	(or) WIFE of	. P a	11.	22. HEREBY CERTIFY, That I attended	deceased from
		an in	Mas	1932. to face 2	19.33
6. D.	ATE OF BIRTH (month, day, end year)	C 4, 185	3	I last saw h	_; death is said
1. A	GE Yeers Months	Days	If LESS than day,hrs.	to have occurred on the date stated above, et	
	00		rmin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	Oate of onset
NO	8. Trade, profession, or perticular kind of work done, as SPINNER At Home		9		
OCCUPATION	1 Industry or husinger In which			Mune My reachle	marini
	work was done, as SILK MILL, SAW MILL, BANK, etc.		4		
S	O. Date deceased last worked at	11. Total time (	(years)		
	this occupation (month and year)	spent in occupation	this on		
	8-11	0 0 4	10	Other Coutributory Causes of importance:	
12. E	(State or country)	0	<u> </u>	The total of the state of the s	
02	13. NAME De - 1 1 08 0	0		Home Humann no	
= -	The Contract of the Contract o	al		MANA	J. legge
FA	(Stete or country)			Name of operation Oate of	
02	a	war.		What test confirmed diegnosis? Was there an a	
MOTHER	15. MAIOEN NAME Many an	n One	al	23. If death was due to external causes (VIOLENCE) fill in elso the following	
M :	(State or country)			Accident, suicide, or homicide? Date of injury	, 19
	(State of country)	nude		Where did injury occur? (Specify city or town, county and State	
17. 11	NFORMANT Seven	Collin	۷	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ACE.
18. B	(Address) Leelma URIAL, CREMATION, OR REMOVAL	Saud.	4.1		
	Place Samuel Hill Cen	1000 0/04- is	70 1933	Manner of injury	
	0	7	, 19.5.	Nature of injury	
f9. U	NOERTAKER WWW.	naval		24. Was disease or injury in any way releted to occupation of deceased?	nd
	(Address) pelme	cul		If se, specify	
20. F	LED Jee. 29 , 1937 Harr	NJ Hus	lson	(Signed) 17.4) THE	M. D.
			Registrar.	(Address) - Parsmar las	N
	If more bla	inks are needed, addre:	ss State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	- 4
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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infor- state UPA-	1	L PLACE OF	F DEATH	1		
ould OCC		County	YVC	CON	uco	
item of should of OCC		Village or C	ity 27	There	wy	na -
		Length of resi	dence in city	or town where de	eath occurred	
Every CIANS ement	2	2. FULL NAI	ME	Lek	en (	arne
RECORD. Every PHYSICIANS Exact statement		(a) Residen	ce: No. 🥽	Pali	(Usual place	(abode) 10 4 1
RECO PH Exact		PERSON	AL AND	STATISTIC	CAL PARTIC	CULARS
		SEX	4. COLOR		7,110	(write the word)
PERMANENT EXACTLY ly classified. ate.	5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorce	d	I well.	Caraco
X X			N-92	7	of degree	O Misse
PE E		DATE OF BIRTH (		nd year) (V	Days	If LESS than
IS A PE stated E properly certificate	0	shout ?	6	months	nown	I day,hrs
HIS be be of	LION	8. Trade, profes kind of w SAWYER,	sion, or parti ork done, as BOOKKEEPE	SPINNER,	t lux	ml
-T ould may back	OCCUPATION	9. Industry or I work was SAW MIL	business in w done, as SIL L, BANK, etc.	hich K MILL,		
H M to o	000	10. Date decease this occup year)	pation (month	d at and		ne (yeers) t in this pation
So	12.	BIRTHPLACE (cit		ligason	in me	1.
UNFA upplied terms, instru	ER	13. NAME (	Chur	lay (	urela	
sur sur in to	FATHER	14. BIRTHPLACE (State or		1 hya	shin, V	nd,
	ER	15. MAIDEN NAI	1	asa	THE YE	(2)
INLY, WITH be carefully EATH in plain important.	MOTHER	16. BIRTHPLACE (State or		Tya	Chin	ma.
	17.	INFORMANT	Sa	refly	Gorz	ush
Sh	18.	BURIAL, CREMAT	Kirky	OVAL	Date Dec	2/3 19 3
-WRIT mation CAUSE TION i	19.	UNDERTAKER .	Than	Q.Y.	wro	21
m H	20	(Address)	20,0	33 3	my of	Tuesses
Programme and the second	200	1 1 to 6 2	175	water and the same		INCHES SOL

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	12598
EATH		(46)			200

-	(46)
	A Registration Dist, No. 333
	No Yen Yen Hospital St 13 Ward
f	death occurred in a hospital or institution, give its NAME instead of street and number)
S.	ds. How long in U.S. if of foreign birth?yrsmosds.
/	she
,-	St., Ward.
A	llrul St If nonresident give city or town and State
-	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Dey) (Year)
	22. CIHEREBY CERTIFY. That I attended deceased from
1	Nec 19 19-33 to De 20 19 33
	I last sew h. alive on 5 - 20 , 19-33; death is said
	to have occurred on the date stated above, etm.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	Date of onset
	1 oxame of layning audum
-	
-	Other Contributory Canses of Importance
-	Rente Bright Swee when
	f 12
	Name of operation Salvery of 6 am full Date of 720/33
-	Whet test confirmed diegnosis? Was there an autopsy? 5.5
-	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
4	
-	Manner of injury
-	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
-	(Signed) / Jewes N Menus M. D.
	(Address) Dalustry my
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If more blanks are needed, address State Registrar,

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	23
County///Commes	Registration Dist. No. 333
Village or City Salushung Md.	ND. R-D. # 1. St., 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
( - n p	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jumes D. Coulty	
(a) Residence: No. / 12 - A all Jace of abode / (Usual place of abode)	St., / S Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Wee. 16 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY That I attended deceased from
not 10 1811	Wen/ ,1933, to dec/6, 1953
6. DATE OF BIRTH (month, day, and year)	I last samb alive on 6, 1933 death is sald
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 3. 73. 7m.
0   0   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last-worked at this occupation and the same and the sam	O'TO COPPER
work was done, as SILK MILL, SAW MILL, BANK, etc	Markoni No. 1 1st.
10. Data deceased last worked at this occupation prom and 1933 11. Told tiple (yells)	16/2
year)	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) leav snyw, This	Other Controllery Causes of Importance.
(State or couptry) Mayland.	Johnny V. 13.
13. NAME /Villiam / H. Coulton	
13. NAME // Coulton  14. BIRTHPLACE (city or town)	Nama of operation
1 (State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Magant June Bord  16. BIRTHPLACE (city or town) Mullione	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)   Mules	Accident, suicide, or homicide? Date of injury, 19
(State or country) May Land.	Where did injury occur?
17. INFORMANT ( gurles B. Moultage	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) // U-## Salety Mag.  18. BURIAL, CREMATION, DR REMOVAL! Farmy D.	Means of Latino
Place II I Couldness Date Sole C. 18, 1933	Manner of Injury
19. UNDERTAKER Holloway + &.	24. Was disease or injury in any way related to optupation of deceased?
(Address) Saluty Mayland	If so, specify
20. FILED Dec 18, 19, B3 &. May Junes	, (Signed) M. D.
Registrar.	(Address) Lever Mul

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

	STATE OF MARYLAND—CERTIFICATE OF DEATH					
:	1. PLACE OF DEATH	<u> </u>				
	County Diconics	Registration Dist. No. 333				
	Village or City Salishum	" 1511 1 D. W. " 5				
		death occurred in a hospital or institution, give its NAME instead of street and number)	a			
	Length of residence in city or town where death occurredyrsmos		s.			
:	2. FULL NAME Marsh, Shaward Cu	claer				
-	(a) Residence: No. State (Usual place of abode)	St., 4 Ward.  Il nonresident give city or town and State	-			
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3.	SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)				
5a.	HUSBAND of (or) WIFE of J. J. Culnus	22. 1 HEREBY CERTIFY, That I attended deceased from	m			
6.	DATE OF BIRTH (month, day, and year) Tan. 1863.	last saw h alive on 19 33; death is sai	id			
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3317.m.				
	7.0 M Va 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:	_			
z	8. Trade, profession, or particular	Date of onse	t			
0	kind of work done, as SPINNER, W. Kosae	Transmer of Tall Block. Walan	-			
9. Industry or business in which work was done, as SILK MILL,						
CUPAT			-			
OCCUPATION	9. Industry or business in which		-			
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Other Contributory Causes of impostance:  All March 2 Contributory Causes of i	کا~			
12.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)	Other Contributory Causes of impostance;  Jose Dione	ຂູ່ນ~			
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of impostance  Out Divining Contributory  Out Divining Contributory  Neme of operation  Date of	<u>.</u> 21~			
FATHER	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	gas Dlows ally	ટ્ય <b>ે</b>			
FATHER	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. MAIDEN NAME  17. MAIDEN NAME  18. MAIDEN NAME  19. Industry or business in which work was done, as SILK MILL, SAW MIL	Neme of operation	ە دەخ			
12.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation	21			
MOTHER FATHER	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	Neme of operation	٠ - دو			
MOTHER FATHER	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN NAME  19. MAIDEN NAME  19. MAIDEN NAME  10. BIRTHPLACE (city or town)  (State or country)  11. Total time (years)  Spent in this occupation  Occupation  11. Total time (years)  Spent in this occupation  Occup	Neme of operation	217			
MOTHER FATHER	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN NAME  19. MAIDEN NAME  19. MAIDEN NAME  10. BIRTHPLACE (city or town)  (State or country)  10. MAIDEN NAME  11. Total time (years)  Spent in this occupation  Oc	Neme of operation	21~			
MOTHER FATHER	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  INFORMANT  (Address)  BURIAL, CREMATION, OR REMOVAL  Place  Place  Date  17. Total time (years)  spent in this occupation  occupation  11. Total time (years)  spent in this occupation  Occupati	Neme of operation	217			
MOTHER FATHER	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  INFORMANT  (Address)  BURIAL, CREMATION, OR REMOVAL  Place  Date  17. Total time (years)  spent in this occupation  occupation  11. Total time (years)  spent in this occupation  occupation  Occupation  12. Maiden  Occupation  Occ	Neme of operation	217			

Registrar.

(Address)

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	16	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	:601
1. PLACE OF DEATH	(131)	2
County Theomics	Registration Dist. No.	336
Village or City Sulman	No	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and n	iumber)
2. FULL NAME Slory o Dasfells	The state of the s	5
(a) Residence: No. (Usual place of abode)	St:, Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	DIBLE
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male colored (write the word)	Dec. 13	193
5a/If-married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Many D. D. 10	22. I HEREBY CERTIFY, That I attended of	deceased from
of samues	13,185,100000,15	, 19_5
6. DATE OF BIRTH (month, day, and year) Oct 13, 1842		; death is sald
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at	
// ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
2 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	17.	2
SAWYER, BOOKKEEPER, etc.	Mocorales	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this operunation (mostle and		
10. Date deceased last worked at 11. Total time (years)		
O 10. Date deceased last worked at this occupation (month and year)		
so Dipartiple con ( 'to a con (  'to a con (	Dther Contributory Causes of importance:	7
12. BIRTHPLACE (city or town).  (State or country)	Carried De A	7
13. NAME 21000 1000 100 (CQ - P	at I de la contraction del la contraction de la	
I I I I I I I I I I I I I I I I I I I	may cognities,	
14. BIRTHPLACE (city or town)	Name of operation Date of	
	What test confirmed diagnosis? Was there en au	
H C	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
O 16. BIRTHPLACE (city or town)  (Stata or country)	Accidant, suicida, or homicide? Date of injury	, 19
a de de	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Dio II Tackson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) Lellwiff  18. BURIAL, CREMATION, OR REMOVAL (1) Outland		
Place From Cer Date Lace 15 1973	Manner of injury	
02511 00	Nature of Injury	
19. UNDERTAKER HILL S. Mary	24. Was disease or injury in any way related to occupation of deceased?	20.
(Address) fellmag ( her.	If so, specify	
20. FIRABLE 14, 193 Harry E. Shidson	(Signed)	M. D.
Registrar.	(Address)	V
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimorc, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN & 1934				
Other contributory causes of importance:	i .	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	TCTAN	AN
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stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	183)
County leilonico	Registration Dist. No. 200
Village or City Splinbury	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SUTTO to Weshalld	
(a) Residence: No. Salishisty Falls St. (Bount place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male a: A woused	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of from Serah Harry Wesheld	22. I HEREBY CERTIFY, That I attended deceased from
blook	I last saw h alive on 19 : death is said
6. DATE OF BIRTH (month, day, and year) / 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
alut l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
3 2     ormin.	accidental death
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, ebc	accimiliation.
3 Industry or business in which	ay own my
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Rack awalkin	Other Contributory Causes of importance:
(State or country) and	
13. NAME ames Deshield	
13. NAME Junes Deshield  14. BIRTHPLACE (city or town) Junilies  (State or country)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Pheopie Pinkett  16. BIRTHPLACE (city or town Hackawalkin	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town Hackawalkin	Accident, suicide or homicide? Charles Oate of injury 1933
S (State or country)	Where did injury occur? wiscomier County, manylened
17. INFORMANTiga Phiolice Pinkett	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salisling Ind	les ditch near on Public Highmany
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fauston Clan Madate Well d. 0, 1933	Nature of injury Llaussanding
19. UNDERTAKER Jos of Stewart	24. Was disease or injury in any way related to occupation of deceased?
See 21 22 1 The setting	(Signed) S. 7L what Corone M. D.
20. FILEO DE D., 1999 . Maff. Manuel Registrar.	(Address) Sahralong manyleng
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S./No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 12603
1. PLACE OF DEATH Or. 131	yen (4)
County Hilomile	Registration Dist. No. 332
Village or City Pitterille Marylane	No. AD-#2 St., Y Ward
9/1/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many & Durcell,	
(a) Residence: No RD # 2 Pittible MA	St., Y Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED (write the word)	21. DATE OF DEATH  OLC / 193 3  (Month) (Day) (Year)
5a. If married, widowed, or divorced  **USBAND_of (or) WIFE_of	1 HEREBY CERTIFY, That I attended deceased from
may 19-1869	1933, to 1933, to 1933, to 1933, test saw h
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at 7. 45. 9cm.
64 6 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were acfollows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Foresen resulting and
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	10 Days Carelyna 1 733
work was done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
1D. Date deceased lest worked at this occupation (month and / 982) spectral this occupation (coupation)	
Pittanil	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME The Oricals	
13. NAME The Qui Cols  14. BIRTHPLACE (city or town). Pulliville	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May Described 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & any lot. augustand	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL IN d. Da Dec. 4 1933	Manner of injury
Holloway + Cu.	Nature of injury
19. UNDERTAKER / Saluting mayland	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DEC. 4, 1933 Filliato A Davis	(Signed) Claster M. D. (Address) Alestery lung
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ıı	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU W			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

1. PLACE OF DEATH

County.

Village or City\_

2. FULL NAME

PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL C	ERTIFICAT	E OF DEATH
3. SEX	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	٤,	13
5a. If metried, widowed, or divorced HUSBAND of (or) WIFE of	100	22. MEREBY	(Month)	(Day)
6. DATE OF BIRTH (month, day, and yeer)	april 2, 1931	I last saw here alive on	12/13.	19.5
7. AGE Yeers Months	Deys If LESS than 1 dey, hrs	to heve occurred on the dete stete The PRINCIPAL CAUSE OF DEAT were ** Colors:	, , ,	uses of Importance
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Infant	Plean	euf	law.
9. Industry or husiness in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at this occupetion (month and	11. Total time (yeers) spent in this	(THXMC	151	
12. BIRTHPLACE (city or town) (Stete or country)	WHOLE WY	Other Coutributory Causes of Impo	rtence:	
13. NAME  14. BIRTHPLACE (city or town)	12/28/2	Neme of operation.	0	Date of
(State of Country)		Whet test confirmed diegnosis?		Was there e
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or county)	in unil	23. If death was due to external ceu Accident, suicide, or homicide? Where did Injury occur?	w	. Dete of injury
17. INFORMANT Offices	til ha	Specify whether Injury occurred in		or town, county and S HOME, or In PUBLIC
18. BURIAL, CREMATION, OR REMOVAL PIECE Socomoke. P.A.	Dete Dec 15, 1933	Menner of Injury	)	
19. UNDERTAKER Chas a. (Address) Snow H	limell	24. Was diseese or injury in any w	ey releted to occu	upetion of deceased?
20. FILED Dec 14, 1933 V	May June	(Signed) (Address)	re fly	Mulay

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A STATE OF THE STA	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
	1		1

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

W.	infor-	state	UPA-
)	Jo 1	plno	220
	iten	sh	Jo
	D. Every	SICIVINS	atement
	RECOR	. PHY	Exact st
DATION	RMANENT	XACTLY	classified.
ron bi	IS A PEI	stated E	properly
1	HIS	pe	pe
ANGIN NESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	AINLY, WIT	d be carefully	DEATH in pla
	B.—WRITE PL	mation shoul	CAUSE OF
	Z		(

See instructions on back of certificate.

TION is very important.

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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1 12605

1. PLACE OF DEATH			
County Wicomico		Registration Dist. No. 3.3	3-
Village or City Sharptown	1	No. St.,	Ward
Length of residence In city or town where de		sds. How long in U.S. if of foreign birth?yrsmo:	
2. FULL NAME Major A.	Rlsey		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and state of the city or town and state of the city or town.	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 29 1933	, 193 (Yaar)
Sa. If married, widowed, or divorced HUSBAND of Lizzie E.	Elzey	22. I HEREBY CERTIFY, That I attended of	
6. DATE OF BIRTH (month, day, and year) Maj	v I2. I862	110 2-1 33	death is said
7. AGE Years Months 7 7	Days   If LESS than I 7   1 day,hrs.	to have occurred on the date stated above, at Sm.  Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade, profession, or particular kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc.	ormin.	were as collows:	Date of onset
Sindustry or business in which	aptain	Carries Myseum,	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Mary (State or country)		Other Contributory Causes of importance:	
13. NAME Robert M. Hlze	У		
14. BIRTHPLACE (city or town)(Stata or country)	Md	Name of operation Date of What test confirmed diagnosis? Was that an au	
15. MAIDEN NAME Sarah Fobe	rtson	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
16, BIRTHPLACE (city or town)  (Stata or country)	Md	Accident, sulcide, or homicido? Data of injury Where did injury occur?	
17. INFORMANT Wildy M. Tize (Address) Charrio	y	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE.
18. BURIAL, CREMATION, OR REMOVAL	I933 Date December, 101	Manner of injury	
19. UNDERTAKER W. P. Gravenor (Address) Sharptown		24. Was disease or injury in any way related to occupation of deceased?	W
20. FILED Dell, 31 , 1930 Mar	0 5	(Signed) S. Lesheller (Address) Than plong un	/M. D.
If more be	lanks are needed, address State Registrar,	, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

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STATE OF MARYI	LAND—CERT	IFICATE	OF	DEATH
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1. PLACE OF DEATH	12606
County Micomico	Registration Dist. No. 332
	No.  No.  St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  Ads. How long in U.S. il ol loreign birth? yrs. mos. ds.
2. FULL NAME Will 7 Evans	
(a) Residence: No. Surfux Co. Del. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (acrite the word) Sungle	21. DATE OF DEATH  (Month)  (Day)  30, 193, 3 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than  1 day, hrs.  or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, elc.  10. Date deceased last worked at this occupation (month and spant in this	I last saw h alive on, 19; death is said to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Journal Dead in her
year) occupation  12. BIRTHPLACE (city or town) Self. (State or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Date  Date  Date  19.34	Manner of injury
19. UNDERTAKER Am Howard Wellor (Address) Filmelle may	24. Was disease or Injury in any way related to occupation of deceased? 710
20. FILED Dec. 30., 1933 addie D. Mayre.	(Signed) Allandle M. D.  (Address) County Reguesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE

CAUSE mation

LION

3. SEX

7. AGE

CCUPATION

state

FATHER 14. BIRTHPLACE (city or town (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country

17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL

19. UNDERTAKER

(Address) 20. FILED ANG Registrar.

24. Was disease or injury If so, specify

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

(Specify city or town, county and State)

Manner of injury

Nature of injury

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state of OCCUPA-

Exact statement

EXACTLY.

stated

plnods

AGE

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

is very important.

TION

19. UNDERTAKER

20. FILED Lee

(Address)

mation should be carefully supplied.

certificate.

See instructions on back

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	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Nicomics	Registration Dist. No. 3.37.
Village or City Welstagum	NoSt.,Ward
	death occurred in a hospital or justitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1	
2. FULL NAME GESSE WILL	
(a) Residence: No. (Qualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 - / 8 193 3 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer)	I last saw have elive on /2 , 19 3 ; death is said
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Para Clare of onest
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O 10. Date deceased last worked at this occupation (month and year)	Meningelis
12. BIRTHPLACE (city or town) Salishuty	Other Coutributory Causes of Importance:
13. NAME (ssie Stell  14. BIRTHPLACE (city or town) Webgum  (State or country)	
4. BIRTHPLAGE (city or town) Willy (State or country)	Name of operation Date of
15. MAIDEN NAME Cida Coope	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Classification (State or country)  15. MAIDEN NAME Classification (State or country)	Accident, suicide, or homicide?
17. INFORMANT PLEASE AND MILES	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address) ...

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LEXXAT V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
foranthornation of date of	buth see buth certificate
	·

stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be TION is very important. ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County // womes	Registration Dist. No. 33/
Village or City Wells agreement	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME babe Hull	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Lee. 24 1933	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.05. Am.
1 day,hrs	The Tribute CAOSE OF DEATH and talated causes of importance
O Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Stillboon
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
S. Trace, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oata deceased last worked at this occupation (month and year) occupation	Mishwum cause
12. BIRTHPLACE (city or town) Well samuel (State or country)	Other Contributory Conses of Importanca:
13. NAME Lovena Mull	
13. NAME Soluna Avul  14. BIRTHPLACE (city or town) While Many Many  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Stlee Romman	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  15. MAIOEN NAME  16. BIRTHPLACE (city or town).  (State or counity)	Accident, suicide, or homicide?
17. INFORMANT AS MANUEL AS WELL	(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Well gruns Date Lee 24,193.	Manner of injury
19. UNDERTAKER System Missey Winght (Addiess) Withgramma.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec. 24, 193 & P. Woolford Walls Registrar.	(Signed) Deller San III M. D.  (Address) Nan III M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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No.	
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	PLACE OF DEATH .	(39.7)
3	County Niconuco	Registration Dist. No
/	Village or City Calisbury	Nomensula Several Hospital Ward
	Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2	FULL NAME (surles Johnson	
		Ide worthoryland
	(a) Residence: No. / Company (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	4. GOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (revise the word)  Married  Married	21. DATE OF DEATH December 27 193 32 (Month) (Doy) (Year)
5a.	If merried, widowed, or divosced	The state of the s
	HUSBAND of (or) WIFE of (1.	22. I HEREBY CERTIFY, That I ettended deceased from
	189HJustin	Hast saw h dive on flet 17 1633 death is said
	DATE OF BIRTH (month, day, end year) O TOWN Deys If LESS than	to have occurred on the date stated above, et \$1.20 1.m.
	39 mknown Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
ا م	8. Trade, profession, or perticular kind of work done, as SPINNER.	acute Populating to Date of onset
5	SAWYER, BOOKKEEPER, etc.	20 2
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Relieu Ventustis pul
3		
ŏ	10. Date deceased last worked at this occupation (month and last year)	
	4. 5: - 1	Other Contributory Causes of Importence:
12.	(State or country)	
2	13. NAME Chiloso assess	
FATHER		Name of operation And Acceptation Dete of Accepta
F	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
2	15. MAIDEN NAME Anhoring	23. If deeth was due to externel causes (YIOLENCE) fill In also the following:
MOINER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
E	(Stete or country)	Where did Injury occur?
7	INFORMANT & L. Johnson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Acros Hell	
18.	BURIAL OR MATION, OR REMOVAL	Manner of Injury
_	Place JULY July Date Co. 5 19.0	Nature of injury
19.	UNDERTAKE Konne · Land	24. Wes disease or injury in any way releted to occupation of deceased?
	(Address)	If so, specify
20.	FILED DEC 27, 1933 C. May Supries	(Signed) M. D.
arable to	/ Registrar.	(Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 6 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

CTATE	OF	MADVI	AND CEDTICICATE OF DEATH
DIAIL	Or	MARIL	AND—CERTIFICATE OF DEATH

	ь	6	4	1
8	11	2 5		- 1
1	ho	V	2	JL,

1. PLACE OF DEATH	102
County///Come Co	Registration Dist. No. 332
Village or City William of Md.	No. H.D. # St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or tewn where death occurred 30 yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tillie B. Jones	
(a) Residence: No P.O. #1. Williams Mg.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SET 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.  OR DOWNER OF THE WORLD  OR DOWNER OF THE WORLD	21. DATE OF DEATH Dec. 7 th, 193 3 (Month) (Day) (Year)
(or) WIFE of William J. Jones	222 I HEREBY CERTIFY. That I strended deceased from Dicember 1 ,1933, to dale I death ,19
6. DATE OF BIRTH (month, day, and year) Mac. 4, 1873	I last saw here elive on date faction, 19; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at . 6 m.
60 9 3 1 day,hrs.	mere se follows.
8. Trade, profession, or perticular kind of work done, as SPINNER, at Home	Date of onset
SAWYER, BOURKEEPER, etc.	Johan humania Decg
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased litt, worked at 1 142 11. Total time (years) this occupient worked at 1 142 11. Total time (years)	
this occupetion and 7, 1133 spent in this occupation	
Mean Profilingle	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
I 13. NAME Elisha Biran	f lewey.
II IS. NAME (LISTED ) CONTROL IN	
14. BIRTHPLACE (city or town) Rear Powelline	Name of operation
(State of Country)	What test confirmed diagnosis? Clinical Wes there an autopsy? 42
15. MAIDEN NAME Chyateth Parson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Man Powelline	Accident, suicide, or homicide?, Dete of injury, 19
(State or country) May land.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VIlliam J. Williads Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Profit leasant Compare Dec. 9, 1933	Manner of Injury
19. UNDERTAKER Holloway & Co. (Address) Jalistry Maryland.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Sec. 8, 1933 Julian Paravis	(Signed) Frank Lens M. D. (Address) Hellando md;

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	il i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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No.	
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1. PLACE	OF BEATH		201
County≤ Village or	City Salss	ico	Registration Dist. No. 339  No. Lett. Serve April St., B. Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
	esidence in city or town where	//	
(a) Resid	(5/)	(Usual place of abode)	Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  193.3  (Year)
5e. If married, wid HUSBAND of (or) WIFE of	owed, or divorced	u Jones.	22. 1 HEREBY CERTIFY. That I ettended deceased f
6. DATE OF BIRTI	I (month, day, and year)	mknown 1901	I last saw h alive on 17/6, 1933; death is
7. AGE IN Y	ears Months?	Days If LESS than lay,	to have occurred on the data stated above, at
	7	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
NO kind of SAWYE	fession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Laborer	Typical greats
9. Industry o	business in which		(
O I	vas done, es SILK MILL, IILL, BANK, etc.	ann works	
o this oc year)	ased last worked et cupation (month and	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (	city or town). Ing	ucess anne	Other Contributory Causes of importance:
13. NAME	Unlex	Jours.	
E	CE (city or town)	hierset Co	Name of operation
- (State	or country)	Jud 1	What test confirmed diagnosis? Blood lest. Was there en au'opsy?
15. MAIDEN N	IAME Malik	da smith	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLA	CE (city or town)	marsel ()	Accident, suicide, or homicide?
-   (State	or country)	(1) 1 · 1 +.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Princo	so Dine	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	ATION OF REMOVAL	Date Dec 19,193	Menner of injury
19. UNDERTAKER (Address)	Janaces L	med less may	24. Was disease or injury in eny wey related to occupation of deceased? Leo
()	10 m	The state of the	(Signed) Colcar Feebler

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Example I		Example II	
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Chronic interstitial nephritis AN 1914	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAIT V. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

state JPA.		CERTIFICATE OF DEATH 12613 7/
. 2/	1. PLACE OF DEATH	133
should f OCC	County O C COULCE	Registration Dist. No.
sho of (	Village or City 2 alux runs llc	No. 1 cm. I com. The Mary
0		death occurred in a horpital or institution, give its NAME instead of street and number)
	100.	· Val
YSICIANS	2. FULL NAME (2)	
YS	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PHYSICIAN xact statemen	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3 AEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
× di	OR DIVORCED (write the word)	(Month) (Day) (Year)
T e	5a. If married, widowed, or divored	(Month) (Day) (Year)
stated EXACTI properly classified sertificate.	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
X cla	71 31/ 11/2	721,193,10 /23 ,193
B ly ate.	6. DATE OF BIRTH (month, day, and yaar)	I last saw h alive on 23 , 195 ; daath is said
stated E properly certificate.	7. AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at
stated proper	ormin.	were es follows:
be of c	8. Trade, profession, or particular kind of work done, as SPINNER, Jawyer. SAWYER, BDOKKEPER, etc.	Quet Calendition
4		Canto regelles
should it may n back	SAW MILL, BANK, etc	acute publition not the result of Tone
n it sh	10. Date dacaasod last worked at this occupation (month and spant in this )	acute pycletise not the result of Tros-
	year) occupation occupation	Other Coutributory Causes of mportance:
pplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town)	Office Courtbutory Causes of Importance.
	(Stata er country)	1 by hostilie menenia
plie rm nst	13. NAME NOW I NOW	f.
ully supplied plain terms,	13. NAME  14. BIRTHPLACE (city or town)	Name of operation
ly lain	(State of Country)	What tast confirmed diagnosis?
efully in pla ant.	15. MAIDEN NAME Klent know	23. If death was due to external causes (VIOLENCE) fill in also the following:
be carefu EATH in important.	16. BIRTHPLACE (city or town)  (State er country)	Accident, suicide, or homicide? Date of injury
AT npo	(State er country)	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT Milliam Keylein In	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	(Addrass) Saud Will my	
sh E O is	18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
	Place J. M. f. J. J. Date L. L. J. 193.	Nature of Injury
mation CAUS TION	19. UNDERTAKER Bosmes Serves	24. Was disease or Injury In any way related to occupation of deceased?
	(Addrass)	If so, specify
(T)	20. FILED Dec 23, 1933 V. May Junes	(Signed) (Olconomy M. D.
0	Registrar.	(Address) Saluahung Mid
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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~ C.

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA-

Exact statement

9~4	
No.	
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SIMIL OF MARKELAND CERTIFICATE OF DEATH	STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH	1261	14
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STATE OF MARTLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	100	
County Thiosico.	Registration Dist. Np. 33	33
V.D.	Paginal Colonial Value	4
Village or City Sallabury (If	death occurred in a hospital or institution, give its NAME instead of street and no	Ward (mber)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Cara 21. X and		
(a) Residence: No. 701 Hest Church	St., 9 Ward.	
(Usuai place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LEW. 27	193_3
5a. If merried, widowed or divorced	(Month) (Day)	(Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended do	eceased from
0 11/1/2	19 to 10 c 2 )	, 19.13.3
6. DATE OF BIRTH (month, dey, and yeer)	I last sew h alive on 1934,	deeth is seid
7. AGE Yeers Months Deys / If LESS then 1 day,	to heve occurred on the dete stated ebove, atA_m.	
13 0 16 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, es SPINNER.	John Ineman	Deepy 4
kind ot work done, es SPINNER, A Hone		(4)
1. Industry or business in which work was done, es SILK MILL,		
SAW MILL, BANK, etc		
this occupation (month end spent in this occupation occupation	,	
22 2 0	Other Contributory Canses of importance:	10-
12. BIRTHPLACE (city or town) (Stete or country)	club unocardilo	1731
1 2 . ) 8/2 20 )	<i>Q</i>	
13. NAME (Leven OX, Collie)		
14, BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	Whet test confirmed diegnosis? Was there en eu	opsy
15. MAIDEN NAME Quila (1. Stumphlaups	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT W. J. J. X and J. (Address) Lattick with miles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAC	E.
8. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
Piece Salls Rung 1 Mar. Date 1 19/3319	Neture of injury	
9. UNDERTAKER ILL HELL & OKALO G.	24. Wes diseese or injury in eny way related to occupation of deceesed?	
(Addiess) Alakuu noo	If so, specify	
10. FILED Sec 29, 1933, O. May Junes	(Signed) Magnumen	M. P.
Registrar.	(Address)	sacy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FO	R FURTHER STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

County My Pomica	
Village or City & all shows &	Registration Dist. No. 999
paco	(If death occurred in a hospital or institution, give its NAME instead of street and number)  2-yrs
2. FULL NAME Laura / Le	anard.
(a) Residence: No. Elles (Usual place)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTI	CULARS MEDICAL CERTIFICATE OF DEATH
OR DIVORCE	RIED, WIDOWED, O (reprise the word)  21. DATE OF DEATH OR. 193.3
a. If marriad, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of Gardy Leanan	, , , , , , , , , , , , , , , , , , , ,
DATE OF BIRTH (month, day, and year)	1873 Tlest saw h On aliva on Que 31 - 1933; death is
. AGE alia Yaars Months Days	If LESS than to heve occurred on the date stated above, at
60 million	ormin. Date of on
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Part (Badia)
9. Industry or business in which	1 10 1 Ft.
SAW MILL, BANK, etc.  10. Dato deceased last workad at this occupation (month and	ma (yars) travel
	tinhis 5-0 pation
a property of the same of the	Other Contributory Cames of importance:
2. BIRTHPLACE (city or town) Analysis (State or country)	d
13. NAME Elijah Maunas	( ) College of the co
14. BIRTHPLACE (city or town) Snow 4	Call Name of operation Date of
(otata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charlet Van	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Process	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT tondy blos usel (Addrass) salishing In	Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place of austonition Date on	7, 19.3.7 Neture of injury
9. UNDERTAKER TOOM SUUTE	24. Was disease or injury in any way ralated to occupation of deceesad?
10. FILED Jan 4, 1934 V. May	June (Signed) All Brighty N

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
217 H. 20 U. W. 19			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11. Total time (years) spent in this -

occupation ...

or .... min.

Other Contributory Causes of Importance:

23. If daeth was dua to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida?\_\_\_\_\_\_ Oate of injury\_\_\_\_\_ 19.

Specify whather injury accurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was disaase or injury in any way related to occupation of deceased?

Name of operation.

Mannar of injury

If so, specify (Signed).

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

What test confirmed diagnosis?\_

Whare did injury occur?\_\_\_\_

(Address)

12616

(Year)

Date of onset

..... Was there an autopsy?\_\_\_

(Specify city or town, county and State)

RESERVED

8. Trade, profession, or particular

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which

work wes done, es SILK MILL SAW MILL, BANK, atc. 110. Date deceased last worked at

this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or tow

(State or country)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

2016

13. NAME

17. INFORMANT

19, UNDERTAKER (Address)

(Address)

OCCUPATION

FATHER

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DEATH

CAUSE mation TION

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Ohlor contributors cover of investment	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		\ <u>\</u>	1.

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

pe

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

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STATE OF N	MARYLAND-	-CERTIFICATE	OF I	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Shilamillo	Registration Dist. No. 333
Village or City Salashury	No. 6 6 W. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death popurred yrs mos	
2. FULL NAME Safaut of Sabelle Va	iginaa moore
(a) Residence: No. 6 Old Unifon, Salisbur	✓ St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male lolored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 5 , 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF PURTY (worth day and	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	71.71
work was done, es SILK MILL, SAW MILL, BANK, etc.	THE CONTRACTOR OF THE PARTY OF
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation occupation	4-7-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-
12. BIRTHPLACE (city or town) Salisbury Md  (State or country)	Other Coutributor Causes of importance:
	Jun 1 congres
14. BIRTHPLACE (city or town) Salis Fury, Mrs.	10 ANDWOLL
14. BIRTHPLACE (city or town) away 1 Ma (State or country)	Name of operation Date of
	What test confirmed diagnosis?/Was there en autopsy?
16. BIRTHPLACE (city or town) Land Hurry Ma	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Julian Mary (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sakille Virginia Moore	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plantuble lown and Date Wet 1933	Nature of Injury
Last Voices on the	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER AND Saleshung and	If so, specify
20 FHED Dec 18 1933 Ly Thray Turner	(Signed) J. J. J. Drowne M. D.
Remietrav	(Address) Malistruct Meli

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EUREAU N. W.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DE	EATH
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Village or City. Falland Y. St. Y. Ward Langth of residence in city or flym where deeth occurred. J. Ys. Y. Mon. J. St. Y. Ward Langth of residence in city or flym where deeth occurred. J. Ys. Y. Mon. J. St. How long in U.S. If of foreign birth? Jrs. MAME innexed of steets and samble?)  2. FULL NAME (a) Residence: No. CLAN CALLAND C. St. J. Y. Mon. J. St. J. Ward.  Brasslence: No. CLAN CALLAND C. St. J. Ward.    St. J. Ward.   If nonexed-deat give city or town and State   PERSONAL AND STATISTICAL PARTICULARS   S. ST. J.	1. PLACE OF DEATH	940
Village or City. Sallia Many  Leagth of residence in city or pigen where death occurred.  Vill death operand in a hougant per institution, give in NAME instead of street and fumber)  (a) Residence: No. Class.  (b) Residence: No. Class.  (a) Residence: No. Class.  (b) Residence: No. Class.  (b) Residence: No. Class.  (c) Residence: No. Class.  (d) Ward lake of shock  (e) PERSONAL AND STATISTICAL PARTICULARS  (a) COLORO & RACE  (b) SINGE, RARRED, WIDOWED, or Debytock of the word of the shock of t	County Auonuo	Registration Dist. No. 333
Langth of residence in city or John where deeth occurred yrs	Village or City Salishury	No. 106 (ucle) and. st 9 ward
2. FULL NAME  (a) Residence: No. Let. College beautiful and the college of shoole (boundaries)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  9. SINCLE MARKIED, WIDOWSD.  55. If married, widowyst, or diverged Will and College of the college of	Length of residence in city or thus where doubt assured / 1/1/10	If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. LALL CALLE ARTICLA LAND.  (Disalphee of shode)  PERSONAL AND STATISTICAL PARTICULARS  2. SEX  4. COLOR OF RACE  (OPA) PORTOGRAPH  5. SINGLE MARRIED, WIDOWED, OPA) PORTOGRAPH  5. If married, wideped of dispress of di		
PERSONAL AND STATISTICAL PARTICULARS  3. SEY  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  OB, DIVORCED (curic the word)  5. II married, widowed, or, divorced  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  6. DATE OF DEATH  (co) Wiffe of Jala Mars Allow  (co) Wiffe of DEATH  (co) Wiffe of	2. FULL NAME JAONAS 42. OCCUPY	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, Owns the word of possibly over the control of the part of		
3. SEX    4. COLOR OR RACE    S. SINCLE MARRIER, WIDOWED, OB-DYORCED (write the word)    S.D. If married, wideped, or diverged (or) wile of    S.D. ATE OF BIRTH (month, day, and year)    S.DATE OF B		
Sa. If married, viclowed, or divorced HUSBAND of Control (Month) (Day)  S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  S. Trade, profession, or particular (Bartier, Married, Marri		
5.9. If married, widowed, or divorced HUSBAND of Corn Wife of Corn Wif	OR-DIVORCED (write the word)	Dec. 73, 1933.
S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  S. Trade, profession, or particular index deceased from a law or with the control of the	5a. If married widowed or divorced	(Month) (Day) (Year)
8. DATE OF BIRTH (month, day, and year) Ref. H. 1869.  7. AGE Years Months Deys If LESS than I day, hrs. of min.  8. Trade profession, or particular response of months of the perfect of	HUSBAND OF VI	22. I HEREBY CERTIFY, That I attended deceased from
7. AGE  Years  Months  Days  If LESS than I day	That they our	
Sample   S		I last saw h_alive on 23, death is said
8. Trade, profession, or particular kind of work done as SPINNER. Public Jaune Salver Boundary or business in which work was done as SPINNER. Public Jaune Salver Boundary or business in which work was done as SINK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) Cistate or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL CREMBJON OR REMOVAL Place May Date of May Deate May	The state of the s	
S. Frade, profession, or particular of the season of particular of the season of particular of the season of season of particular of the season of the seaso		where as follows.
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  19. U	8. Trade, profession, or particular kind of work done, as SPINNER, Reduced Jacobse	angin - person
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATYON, OR REMOVAL Place  19. UNDERTAKER  19. UNDERTA	A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  11. BIRTHPLACE (city or town) (State or country)  11. Country  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER	-   Shellf III (III) //////	
What test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place  19. UNDERTAKER (Address)		Other Contributory Causes of importance:
What test confirmed diagnosis?  Westhere an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION DR REMOVAL Place  19. UNDERTAKER (Address)	13. NAME RAY REASON	
What test confirmed diagnosis?  Westhere an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or coughry)  17. INFORMANT (Address)  What test confirmed diagnosis?  Westhere an autopsy?  Accident, suicide, or homicide?  Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER (Address)  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.  (Address)  Monthsham  M. D.  (Address)	14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or couptry)  17. INFORMANT (Address)  18. BURIAL, CREMATYON OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  18. So, specify (Signed)  Manner of injury  (Signed)  M. D.  Registrar.  (Address)  M. D.  (Address)  M. D.  (Address)  M. D.  (Address)	(State of country)	
Where did injury occur?  17. INFORMANT Chall Ball Ball Section of Local State of County and State)  18. BURIAL, CREMATION OR REPOVAL Place Manner of injury  19. UNDERTAKER Section of Injury  19. UNDERTAKER Section of Manner of Injury  19. UNDERTAKER Section of Injury  19. UND	15. MAIDEN NAME MY RABUR	
Where did injury occur?  17. INFORMANT CIPLLY BALLALLY (Address) Salishury Marbate  Place Allighury Marbate  18. BURIAL, CREMATYON OR REMOVAL Place Allighury Marbate  (Address) Salishury  Place Allighury  19. UNDERTAKER  (Address) Salishury  (Address) Salishury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.  Registrar.  (Address)  Meter did injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify Specify Specify Specify Specify Specify Specify Speci	[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT CARRY IN A Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Alighmy, Marbate 1/1/16/3519  19. UNDERTAKER II III A Warry Co., (Address) Salishing, Marker Co., (Address) Salishing, Marker Co., (Address) Salishing, Marker Co., (Address) Salishing, Marker Co., (Address) Signed)  19. UNDERTAKER III III III III III III III III III I	(State or country)	Where did injury occur?
Place Falighury, MarDate 1/1/16/3319.  19. UNDERTAKER IL ILLIA MARDATE Neture of injury.  19. UNDERTAKER ILL ILLIA MARDATE Neture of injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Allegany, Apate 19319 Neture of injury  19. UNDERTAKER III A Registrar.  Neture of injury  24. Was disease or injury in any way related to occupation of deceased? No if so, specify  (Signed) M. D.  (Address) Allegany M. D.  (Address) Allegany M. D.  (Address) Allegany M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNDERTAKER IL MULL A Was disease or injury in any way related to occupation of deceased? No least of the second of the secon	Place & all shung & do Date 1/0/3319	
20. FILED De C 26, 19 33 V May Jurnels.  (Signed) Justin M. D.  (Address) July July July July July July July July	77	24. Was disease or injury in any way related to occupation of deceased? 200
	Dea DY 22 Pallace	1 2 11 12 11
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	+. 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 8 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

		STATE OF	MARYLAND—CERTIFICATE OF DEATH	
1.	PLACE O	F DEATH	(191)	
	County	Wiesmin	Pagistration Diet No.	-

12619

1. PLACE OF DEATH	
County Miconico	Registration Dist. No. XV 336
Village or City Leelman, Jack	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of loreign birth?mosds.
2. FULL NAME James Inwest like	liga
(a) Residence: No/ Delsmare	//St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male white manual	(Month) (Day) (Year)
5á. (If prarried, widowed, or divorced HUSBAND of	22. J HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Ollen Tallips	015/1 1932 to 2012 1923
6. DATE OF BIRTH (month, day, and year) (16-18-18-18-18-18-18-18-18-18-18-18-18-18-	I last saw h maile on Dac 2 1922; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
85 44 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or nestiguilar	Blumie Melseilis Pato ol ongot
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
	Dther Cootributory Canoes of importance:
12. BIRTHPLACE (city or town) (State or country)	-0-
	Forme coma 48 hm
E Jarry Strain	
4. BIRTHPLACE (city or town) (State of country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many Censey  16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
O SUL OPIL	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TO CALLY CARDINGS	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURLAL, CREMATION, OR REMOVAL A	44
Hartings Ouriel Ir Dato Dec. 4 1933	Manner of injury
1/1/1 0 mg 1	Nature of injury.
19. UNDERTAKED	24. Wes disease or injury In any way related to occupation of deceased?
a. II TI	If se, specify
20. FILEOUR H. 1932 Harry & Hudson Registrar.	(Signed) M. D.  (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
, , , , , , , , , , , , , , , , , , , ,	, and the state of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago	
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V.B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA-

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

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<b>S</b> .	WITH	efully s
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	E PL	should
0.1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
Z, vi	. B.	1
>	Z	-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12620
1. PLACE OF DEATH	(31) ± +:
County // remuses	Registration Dist. No. 1333
Village or City Frientland M.R.F.L	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME albert . F. Russy	
(a) Residence: Notruitland md. R.F.B. #	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male  4. COLOR OR RACE.  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH  (Month)  (Oay)  (Yeer)
HUSBAND of Nancy Ellen Rusey	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) aug. 12.	I last saw ham alive on Alive of 1970 death is said
7. AGE Yeers Months Days Iftens than	to have occurred on the date steted above, at
77 4 / 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	action Vier New 12/13/3
Thoustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Oslin - Polen . 1932
10. Dete deceased last worked at this occupation month and 92 / specifin this use year)	
12. BIRTHPLACE (city or town) formers County	Other Contributory Causes of importance:
(State or country) maryland	Chat Might 193,
13. NAME Stitleton Russy	
14. BIRTHPLACE (city or town) Thilesbury	Name of operation Oate of
(State or country) mkrykanek	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Lya Kichardan	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) White tung (State or country)	Accident, suicide, or homicide?
17. INFORMANT Lella Blackstone	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address Territory Maryland )	Manage of Latina
Place from behinch loan. Wice 15, 2	Manner of Injury
9. UNDERTAKER Holloway & Co.	24. Was disease of injury in enyway related to occupation of deceesed?
(Address Salisbury maryland.	If so, specify
10. FILED Dec /4,1939 & May Jumes	(Signed) M. D.
Registrar.	(Address) Author Miss

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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18 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAINLY,

TION is very important. See instructions on back of

of OCCUPA-

Exact statement

1. PLACE OF DEATH	HOL
County Wicomics	Registration Dist. No. 333
Village or City Salashur	No Pennsuly Genl Hospit of Bward
7 1	If death occurred in a hospital or institution, are its NAME instead of street and number)
	os. / ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant of Gula	J. Itead.
(a) Residence: No. Dallabury (Y. J. D. (Usual place of abode)	3 St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male G. G. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10001. 22. 1932	I last saw harmalive on Sac 22 1933; death is said
6. DATE OF BIRTH (month, day, and year) Tow. 22, 1933  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.36 a.
1 day,hrs	THE LYMCITY CAOSE OF DEVIU and letated canses of imbolitance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Date of onset
SAWYER, BODKKEEPER, etc.	12//
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cambral Henrystop 8- /22/3
0 10. Date deceased last worked at 11. Total time (years)	-
this occupation (month and none spant in this none occupation. None	
12. BIRTHPLACE (city or town) Salisbury	Other Coutributary Causes of importance:
(State or country) Maryland	
13. NAME James Reed	
13. NAME James Reed 14. BIRTHPLACE (city of Town) accamac	Name of operation Date of
(State of country) Originalia	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eula Burton  16. BIRTHPLACE (city or town) Northampton	23. If death was due to external causes (VIDL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Northampton	Accident, suicide, or homicide? Date of injury, 19
(State or country) Virginia	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James Reed	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Salistany R. 7. D. 3.	
Place The Long & Date DIR 26, 193.	Manner of injury
0 . 7 0+ 1	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER James J. alewart (Address) (LLD) E. Church St Solin Md	If so, specify
mouse Sec 26. 37 V. Min Trans	(Signed) M. D.
20. FILED CO Segistrar.	(Address) Dalis by my.
If more blanks are needed, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12	622
	state UPA-	1. PLACE OF DEATH		2 12
		County Miconico	Registration Dist. No.	32
	should of OCC	Village or City Mear Garsonshing	No	Ware
	× 00 -		death occurred in a hospital or institution, give its NAME instead of street and it. S. ds. How long in U.S. if of foreign birth?yrsmm	
	Every CIANS ement	2. FULL NAME PARAMA PRIL		
		(a) Residence: No Mr Jansonsburg	/St. Ward.	
		(Usual place of abode)	V If nonresident give city or town and	State
	RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	K K	3. SEX 4. COLOR OR RACE CORRESPONDED OR DIVORCED (write the word)	21. DATE OF DEATH	gem.
C	T'L ed.	5a. If married, widowed, or divorced	(Month) (Day)	(Year)
BINDIN	RMANN X A C 1 classifie	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased from
R	EXA EXA clas	1	370024 1933 to 100e 7	, 19.3
BI		6. DATE OF BIRTH (month, day, and year) www 29, 1855	I last saw have alive on 1933	; death is sai
K	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
FOR	IS A stated proper	/8 5 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
_	HIS be be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc.	13	- Lace
Œ		Andustry or business in which	V Francis flucumous	193
S.R.	should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	<b>f</b>	
RESERVED	-	and acceptation (month and	-	
RI	AGE THAT ONS O	year) occupation	Other Contributory Causes of importance:	,
GIN	DIP So scti	12. BIRTHPLACE (city or town) W. S. S. M. C. O. (State or country) M. G. A. A. C.	machine y piglik hiply	now
5	UNFADING upplied. AGl terms, so tha	2 1 The same	gall Juni Kell	14
AI	- D			173
3	E .= 00	14. BIRTHPLACE (city or town) World in 16.	Name of operation Date of	
	== 2 .	15. MAIDEN NAME Mary & Bethough.	What test confirmed diagnosis? Was there an a 23, If death was due to external causes (VIOLENCE) fill in also the following	
	INLY, W. be carefu EATH in i	16. BIRTHPLACE (city or town) I Was Cestes Co.	Accident, suicide, or homicide? Date of injury	10
	LY,	16. BIRTHPLACE (city or town) & Warcester Ca.  (State or country) Manualand	Where did injury occur?	, 17
0		17. INFORMANT Mr. Jaan S. Riles	(Specify city or town, county and State Specify whether injury occurred in TDUSTRY, in HOME, or In PUBLIC PL	e) AGE
	Should OF D	(Address) Parsonsburg & Maryland	Fall Junted was in her	some.
		18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	0.
		Place Iluonevurg Lemer Date Delle 4 1933	Nature of injury Practice ()	up .
=	-WRIT mation CAUSI TION	19. UNDERTAKER The Hill & Johnson CO.	24. Was disease or Injury In any way related to Coupation of Oceased?	/
No.	B.	(Address) Salishyay may	If so, specify R.P. P. R.	
vi		100 1 33 hill a hall	(Signed) Leaves 71 Whoter	MI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	it	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BOYES				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

stated EXACTLY.

The Exact Statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	10	13	1)	")
1	4	U	4	U

1. PLACE OF DEATH	(93 E) **
County Nicomico	Registration Dist. No. 333
Village or City Near Firestland	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
0 0 0 0 0 0	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Julia W. Smith	- A
(a) Residence: Not Pear Truttand (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
To OR DIVORCED (write the word)	Dec 27,1933
5a. If married, widowed, or divorced	(Month) (Oay)t (Year)
HUSBAND OF Thomas & Smith	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Marph 17 1854	I last saw h. Q. alive on 10 x 2 4 1933; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 9 10 1 day,hrs	the reflection of DEATH and related causes of importance
8 Trade profession or particular	Clares Zuns some life Date of onset
kind of work done, as SPINNER, Mone	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and year) spent in this occupation	
The issues of Ca	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) V Somuso 0: (State or country) Maxieland.	
1 - 4 ' 04 '	
13. NAME William Jones.  14. BIRTHPLACE (city or town) Wicomico Co.	Name of security
(State or country) Warms Cand	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Hettie Purtner.  16. BIRTHPLACE (city or town) Waconies Co.	Accident, suicide, or homicide?
(State or country) Mary land	Where did injury occur?
17. INFORMANT Mr. P. P. Smith 17. T. X 2.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2.P. 7	/ Name of the last
Place Fruitland Md. Date Dec. 29, 1933	
19. UNDERTAKER The Hill & Johnson Co.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Dec 29, 1933 V. Doray Junes Registrar.	(Signed) M. D. (Address) Sulcial D. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 12624
1. PLACE OF DEATH	
county W & suice -	Registration Dist. No. 333
Village or City Salis own Und	No. Per & sul, Haran 13 Ward
	Seath occurred in a hospital or institution, give its NAME instead of second and number)
0 0 -	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME 12 alry 1 ay lon	·
(a) Residence: No. Subw Hill	, Select Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wf)c the word)	21. DATE OF DEATH
Temale. Wiele single.	(Month) (Day) (Year)
5a. If married, wldowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attandad deceased from
Sec. 25, 1933	I last saw h. Are elive on 1933 death is said
6. DATE OF BIRTH (month, day, end yaar)  7. AGE Yaars Months Deys If LESS than	to hava occurred on the data stated abova, etm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Frenchino Broth
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Dato deceased last worked at this occupation (month end spant In this	
this occupation (month end spant In this occupation	
12. BIRTHPLACE (city or town) Us & Salisbury	Other Contributory Causes of importence:
(State or country)	
13. NAME La Chand Thouas Taylor	-
14. BIRTHPLACE (city or town) 2 1	Nama of oparation. Date of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Universe Kelly	23. If deeth was dua to axternel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME LINE REDUCTION OF THE PROPERTY	Accidant, suicide, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town)  (State ar cguntry)	Where did injury occur?
I thought of the	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Law and Many and Market	opolity million injury occurred in Modriki, in Home, of in toolio feate.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trees dack empate Dec 28, 1933	Nature of injury
Lugenback Jan OT O	
19. UNDERTAKER Legender of Granges Jackson	24. Was disaase or injury in any way releted to occupation of daceasad?
20 22 (1)	(Signed) M. D.
20. FILED DEC 15, 1933 V. May June Registrar.	(Addrass) Lainly md.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
200260			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

\_\_

V. S. No. 1

state	STATE OF MARYLAND	CERTIFICATE OF DEATH
ould stat	1. PLACE OF DEATH	2 ann 107-10
PS	County///Commes	Registration Dist. No. 333
should of OCC	Village or City Salishing MA	No. St., Sward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	
YSICIANS	2. FULL NAME Refecca Fow Jo	were
IC ate	2 4-1 1 1 1	- 04 /2 W-3
PHYSICIANS ict statement	(a) Residence: No. 203 William 4 Jakobin (Usual place of abode)	Sy, / S Ward.  If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
H. E	3. SEX 4. QOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH ORE 2 and 193 3
T L	The Is married widowed or diversed	(Month) (Day) (Year)
X A C T I	/5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEBEBY CERTIFY, That i attended deceased from
	6. DATE OF BIRTII (month, day, and yeer) why 4, 1933	I last saw h 4 alive on 172 193 3 death is said
ata	7. AGE Years Months Days 1 If LESS then	to have occurred on the date stated above, at 11.05 Pm.
stated proper	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
sta pro	8. Trade, profession, or particular	were as follows:
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	South Vancour
	9. Industry or business in which	
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and	
0	10. Date deceesed last worked at this occupation (month and spenI in Ihis	
(T) =	year) occupation	Other Contributory Causes of importance De Sent L
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Salety	Other continues Cause of Importance to the
s, s	(State or country) / Maryland	Lahred me oney when
supplied n terms, ee instri	13. NAME Preston B. Ornford	Sunt Am Tun
sup in te See i	14. BIRTHPLACE (city or town) Baltimon (State or country)	Name of operation Date of
ly s	(State or country) Many Land.	What test confirmed diagnosis? Was there an autopsy?
efully supplied in plain terms, ant. See instru	15. MAIDEN NAME Scace at Thutbard.	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Wenter	Accident, suicide, or homicide? Date of injury 19
Pod	E (State or country) may land.	Where did injury occur?
	Puston B/Doner	(Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
hould OF D	(Address) 205 Windu St. Salisting Ma	, and the state of
70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
₩ .=	Place arrows lem. Date alle, 14. 19.3	Nature of injury
mation s CAUSE TION is	Itollaran + la	700
TICH	19. UNDERTAKER / CALL MAN (Aud)	III HI Jane
	100 4 22 July of	if so, specify (Signed)
R	20. FILED TEC 7, 19 93 V. May Minel Registrar.	(Address) Jahrhy My
(1)	If more blanks are needed, address State Recitrar	2477 N Charles Street Relimove Requestion 7) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i.	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF	F MARYLAND—	CERTIFICATE OF DEATH 10000
1. PLACE OF DEATH		(31)
County///Commes	<u></u>	Registration Dist. No. 333
Village or City Sabifur	7/H9.	No.366 CANAL St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where		
2. FULL NAME Char	lie lick	ero de la companya della companya de
(a) Residence: No. 306	and	St. 5 Ward.
(4) 110010011001	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hille	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced ISUSBAND of	11	
(or) WIFE of CasaM.	(liekens	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	00 24 1879	I last saw h alive on 200 (44 193 3 death is said
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 2 4 2 m.
52 11	2 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	with dealer	Cossinoma al Hisolità
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  10. Date deceased last worked as		The state of the s
SAW MILL, BANK, etc.		
	11. Total time (years)	
year) U. Q.	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	day	
(State or country)	(1 may court	
13. NAME	regues,	
13. NAME Stores	ich aux	Name of operation Date of
(State of country)	maryland	What test confirmed diagnosis? Was there an autopsy? Was
15. MAIDEN NAME UMA	ragnineck	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CHANGE (State or country)	th frust	Accident, suicide, or homicide? Date of injury, 19,
(State or country)	10 is to	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT We Cola /1	1 pieres	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 366 ame of.  18. BURIAL, CREMBTION, OR REMOVAL	salvery 749	
Place acom am.	Date Dec. 17, 1933	Manner of injury
9/20 4	0	Nature of injury
19. UNDERTAKER  (Address) Saladaf	Han land.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20, FILED DEC 16, 193.3 V.	May Juster	(Signed) To called M. D
If more blo		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	,	y On the state of the state

ARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12627
1. PLACE OF DEATH .	(80)
County Muones	Registration Dist. No. // 333
THE AMERICAN AND AND AND AND AND AND AND AND AND A	Registration bist. No.
Village or City Valletony	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vrs 5 mos.	
2 FILL NAME ( and Warner di	1
2. FULL NAME Jean Mainier de	
(a) Residence: No. Vyasjin 191a	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  DIE Suibe 14 , 193 3  (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22.   HEREBY SERTIFY, That I attended deceased from
Quelus 2.2	Rovember 1983, 10 Dec. 13, 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h. 2 alive on LORE 12 , 1983; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abovo, at . S. A. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	wera as follows:
8. Trada, profession, or particular kind of work done, as SPIHNER, SAWYER, BOOKKEPER, etc.	Tres decreelmen Ver
9. Industry or business in which	por year our or or or
work was done, as SILK MILL, SAW MILL, BANK, etc.	due to conflogration caused by a form
10. Date deceased last worked at this occupation (month and spent in this	the to conflogration, canad by a two-
year) occupation	mg bulding a Cacy
IN PERFEURI ACT (situations) ( White Haven	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / I ATTE RAVE MY (State or country)	
II 13, NAME LIFE	
14. BIRTHPLACE (city or town)	4
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME LEGISLA POLICIES 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury
∑ (Stata or country)	Where did injury occur?
17. INFORMANT The the	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Masking Ma.	
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Date 1997	Nature of injury
19. UNDERTAKER IT I acting	24. Was disease or injury in any way related to occupation of deceased?
(Address) Masken, Ma,	If so, specify
10 FUED DEP 1/3-033 VI May Tayanon	(Signed) M. D.
20. FILED TECH 1900 X · Willy Market	(Address) Seelles Zunk
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1 100			
Other contributory causes of importance:		Other contributory causes of importance:	#
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH  County / Co		CERTIFICATE OF BEATT
Village or City Nalesburg Marghand No. Summer Secural No. State Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death secured yes mos. ds. How long In U. S. if of foreign birth? yes, mos. ds.  2. FULL NAME March St., Ward.  (a) Residence: No. Deluburg Md. R. Ward.  (b) St., Ward.  If nonresident give city or town and State	1. PLACE OF DEATH	
Village or City Nales bury Marefaeld No. Successed Sectoral Workland Ward  (If death pocurred in a horpital or institution, give its NAME instead of freet and number)  Length of residence in city or town where death secured yrs mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. Delubury Marefaeld St., Ward.  (b) Ward.  (a) If nonresident give city or town and State	County // courses	Registration Dist. No.
(If death-occurred in a horpital or institution, give its NAME instead of fixeet and number)  Length of residence in city or town where death occurred yes mos. ds. How long In U. S. if of foreign birth? yes mos. ds.  2. FULL NAME  (a) Residence: No. Delubrary Md.  St., Ward.  If nonresident give city or town and State	Ma O a in the Market of the Ma	2 No Peressula Seceral Horselal word
2. FULL NAME Mabel West  (a) Residence: No. Delubury Md R St., Ward.  (b) Ward.  (c) If nonresident give city or town and State	Village of only.	
(a) Residence: No. Delubury Ind R. # 2st., Ward.    St.   Ward.   If nonresident give city or town and State	Length of residence in city or town where death coursed	s d ds. How long In U. S. if of foreign birth?yrsmosds.
	2. FULL NAME Mabel West	
	(a) Residence: No. Delubury Md D.	St., Ward.
	(Janual place of abode) / #	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH
Facuale White Kindle (Month) (Dey) (Yeer)		(Month) (Dev) (Yeer)
Se. If married, widowed, or divorcad	5e. If married, widowed, or divorcad	
HUSBAND of (or) WIFE of Swift attended decessed from	(or) WIFE of Shield	1/1000 05 00 11 58
1935, to Dec / 5 1935	7 - 1 1 2 1 - 1	10
6. DATE OF BIRTH (month, dey, and year) April 17, 1917   last saw have alive on wee 5, 1933; deeth is said		. 70
7. AGR Yeers Months Days If LESS than to have occurred on the date stated above, at		
The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:		ware as follows:
8 Trade profession or particular	8. Trada, profession, or particular kind of work done, as SPINNER	Sund pentarts
kind of work done, as SPINNER A SAWYER, BOOKKEEPER, etc.	SAWYER, BOOKKEEPER, etc.	-
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decessed lest worked et this occupation (month and spant in this	work was done, as SILK MILL,	
SAW MILL, BANK, atc	SAW MILL, BANK, atc	-
this occupetion (month and spant in this occupetion occupetion		
Other, Cantributary Causes of Importence:	10.00	Other Cantributary Causes of Importence:
12. BIRTHPLACE (city or town) Alleman (Cuffernile affective)		Cuffernel affensey
(Stete or country)		
13. NAME  14. BIRTHPLACE (city or town)  Neme of operation of the delication of the	II 13. NAME Harry Mest	
Neme of operation Agricultural Date of	14. BIRTHPLACE (city or town)	Neme of operation Date of Date of
What test confirmed diagnosis? Was there an eu'opsy?	(Steta or country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME  23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?  Dete of injury	15. MAIDEN NAME ILA GEFFORE	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
To least the late of injury Accident, suicide, or homicide? Dete of injury 19	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
Whara did injury occur?	E (State or country) Manyland	Whara did injury occur?
(Specify city or town, county and State)  17. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	17 INFORMANT Of A PART	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Salisfum Prod B7D7		
18. BURIAL, CREMATION, OR REMOVAL Salkfung - Srd. Manner of injury	18. BURIAL, CREMATION, OR REMOVAL Salksbury - Ind.	Manner of injury
Plece Carson Cer bete ile 17 1937 Netura of injury	Plece Carson Cer bete ilee 17, 1932	- Netura of injury
19 UNDERTAKES Will & Smart L 24. Was disease or injury in any wey releted to occupation of decaesed?	will & may l	24. Was disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER  (Address)  If so, specify  (Address)		The second to be
Nep-17-33 Vr Mariana (Signed) Salishy M.D.	Dep-17 33 12 May 1411101	
20. FILED A C. 19 Registrar. (Address)		- Ouck
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	A. C.	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ĺ

V. S. No. 1

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S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	1262
1. PLACE OF DEA	TH			(97)	クカ
County Luck	conse	eu		Registration Dist. No.	33
Village or City	rlinken	ry .	md	No. 5-/6 Isabella St., death occurred in a hospital or institution, give its NAME instead of street and	9 War
Length of residence in ci	ity or town where deat	occurredC	A	ds. How long in U.S. if of foreign birth?yrsme	
2. FULL NAME	shu H	lle.	1.		
(a) Residence: No.	5/1 suf 1	1.00	ur	St. Ward.	
(a) Residence, 40.	2.1.6	(Usual place	of abode)	If nonresident give city or town and	State
PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male a	·a.		RIED. WIOOWED. D (write the word)	21. DATE OF DEATH DECember 26 (Month) (Day)	, 193.3 (Year)
5a. If married, widowed, or divo	11.4 -			22. I HEREBY CERTIFY, That I attended	deceased fro
(or) WIFE of Oleve	ia lu	rder		December 14 1933 to December 2	L 1033
6. DATE OF BIRTH (month, da	v. end year) Dec	. /	1862	A remlar 22	: death is sa
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 42 m.	
81	6	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trede, profession, or pa		1	1 0/	4010 03 10110113.	Oate of onse
kind of work done, SAWYER, BOOKKEE	PER, etc.		···		nor
9. Industry or business in work was done, es	SILK MILL.	10.		arterio Sclerosis	Knows
SAW MILL, BANK, of this occupation (mo		11. Total ti	me (years)	/	
this occupation (mo	nth and /5	sper	nt in this	n	
	tra Hi	h. a.s	Tank and the same	Other Contributory Causes of importance:	1
12. BIRTHPLACE (city or town) (State or country)	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	vivi	md_	·	
13. NAME Same	ee le	un	11-		
13. NAME DANCE	ho - 8	4.0.	1 -	Name of operation Date of	
14. BIRTHPLACE (city or to	WII) 24 Jan	n	d	What test confirmed diagnosis?	w) on ou?
15. MAIOEN NAME	al m	iteh	188	23. If death was due to external ceuses (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or to	Dus-	tips		Accident, suicide, or homicide?	
16. BIRTHPLACE (city or to (State or country)	WIII) - 7-7-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	mi	~	Where did injury occur?	, 30
17. INFORMANT 12 M	innil.	Kann	eft	(Specify city or town, county and State Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR R	EMOVAL .	10		Manner of injury	
Place facialo	nteined	Date NULE	29,1933	Nature of injury	
19. UNOERTAKER JOS 9	Salvel	art	mel	24. Was disease or Injury in any way related to occupation of deceased?	6
20. FILEO Dec 29,	1933 8-7	May	Turner. Registrar.	(Signed) Alisbury Md.	M.
	If more blan	nks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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